# 2001 UNIFORM BUSINESS REPORT (UBR)

000617 AF

DOCUMENT # A28804

1. Entity Name

ENDLESS SUMMER R.V. ESTATES, LLLP

FILED
01 APR 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 31313 NORTHWESTERN HIGHWAY<br>SUITE #102<br>FARMINGTON HILLS MI 48334 | 31313 NORTHWESTERN HIGHWAY<br>SUITE #102<br>FARMINGTON HILLS MI 48334 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 401 S. OLD WOODWARD | 401 S. OLD WOODWARD |
| Suite, Apt. #, etc.: STE 470 | Suite, Apt. #, etc.: STE 470 |
| City & State: BIRMINGHAM MI | City & State: BIRMINGHAM MI |
| Zip: 48009 Country: | Zip: 48009 Country: |

4. FEI Number: 38-2883475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| REGAN, HAROLD<br>211 SOUTH GADSDEN<br>TALLAHASSEE FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $851,700.00 | | |

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | | STREET ADDRESS | 100004014011--2 |
| NAME | COHN, SIDNEY L | CITY-ST-ZIP | -04/17/01--01101--001 |
| STREET ADDRESS | 31997 OLD FRANKLIN DR. | | ****526.25 ****526.25 |
| CITY-ST-ZIP | FARMINGTON HILLS MI | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | MORGANROTH, FRED | CITY-ST-ZIP | |
| STREET ADDRESS | 30920 WOODCREST COURT | | |
| CITY-ST-ZIP | FRANKLIN MI | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | PERLMAN, STUART | CITY-ST-ZIP | |
| STREET ADDRESS | 6110 ROCKY SPRING ROAD | | |
| CITY-ST-ZIP | BIRMINGHAM MI | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** STUART PERLMAN 3-26-01 24775788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #